## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

Please type or print in ink.

Candidate

## STATEMENT OF ECONOMIC INTERESTS

## **COVER PAGE**

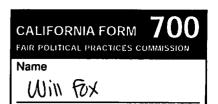
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NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Fox	(will	c Joseph	(011) ///-
MAILING ADDRESS STREET (May use business address)	CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
State Capital	Sacramento	CA 958	714
1. Office, Agency, or Court		4. Schedule Sumr	nary
Name of Office, Agency, or Court:		➡ Total number of page including this cover	
Governor's Office		including this cover	page
Division, Board, District, if applicable:		Check applicable sch interests."	nedules or "No reportable
Your Position:		Value 12 10 10555 60 100 100 100 100	ests on one or more of the
Deputy Chief of Staff		attached schedules:	
→ If filing for multiple positions, list ac		Schedule A-1 Yes	
position(s): (Attach a separate she		Investments (Less than 10%	6 Ownership)
Agency:		Schedule A-2 Yes	
Agency.		7. 10. 00. 00. 00. 00. 00. 00. 00. 00. 00	311 - 1995 SAN TO 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1
Position:		Schedule B  Yes	s – schedule attached
		_	s – schedule attached
2. Jurisdiction of Office (Chec	ck at least one box)		ess Positions (Income Other than Gifts
☐ State	and a common which contributes to the state of contribution of the state of contribution of the state of the		
County of		Schedule D LivYes	s - schedule attached
City of			s – schedule attached
☐ Multi-County		Income – Travel Paymen	
Other			-or-
- Cuter			
3. Type of Statement (Check a	at least one box)	No reportable intere	ests on any schedule
	27		
		5. Verification	
Annual: The period covered is Jan through December 31, 2007.	uary 1, 2007,	I have used all reason	able diligence in preparing this
-or-		statement. I have reviewe	ed this statement and to the best of
O The period covered is/	/, through	attached schedules is tru	nation contained herein and in any lie and complete.
December 31, 2007.		Legify under penalty of	perjury under the laws of the State
Leaving Office Date Left:/_ (Check one)			regoing is true and correct.
O The period covered is January 1	, 2007, through the	Λ	cil 1, 2008
date of leaving office.		Date Signed	111, 2000
O The period covered is/	/ through		
the date of leaving office.	, unough	Signature .	Esial

## SCHEDULE D Income - Gifts



> NAME OF SOURCE	> NAME OF SOURCE		
Parter Navelli	11		
ADDRESS	ADDRESS		
1215 K St., St. 2100, Sacrawente, CA 95814 BUSINESS ACTIVITY, IF ANY, OF SOURCE			
	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
ada <u>Trade Mission Delegation</u> binner 9 Briefino			
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	Province of Godinac		
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DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION (	OF GIFT(S)	
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> NAME OF SOURCE	> NAME OF SOURCE		
P NAME OF SOUNCE	NAME OF SOURCE		
ADDRESS	ADDRESS		
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BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
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DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION C	OF GIFT(S)	
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Comments:			
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